

# State of Idaho

## Department of Agriculture

Bureau of Weights & Measures  
2216 Kellogg Lane  
Boise, Id 83712  
208 332-8690



ORIGINAL APPLICATION  
FOR WEIGHMASTER LICENSE\_\_\_\_\_

RENEWAL APPLICATION  
FOR WEIGHMASTER LICENSE\_\_\_\_\_

NAME\_\_\_\_\_ADDRESS\_\_\_\_\_  
(PLEASE PRINT OR TYPE)

COMPANY NAME\_\_\_\_\_MAILING ADDRESS\_\_\_\_\_

PHYSICAL LOCATION OF SCALE\_\_\_\_\_

COMPANY NAME\_\_\_\_\_MAILING ADDRESS\_\_\_\_\_

PHYSICAL LOCATION OF SCALE\_\_\_\_\_

PLEASE STATE YOUR PREVIOUS EXPERIENCE AS A WEIGHMASTER:\_\_\_\_\_

HAVE YOU ENCLOSED YOUR \$10.00 LICENSE FEE?\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

PLEASE HAVE TWO WITNESSES SIGN THIS FORM

I hereby certify that the above named applicant is known personally by me and that he/she is a person of good moral character.

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE AND ADDRESS OF WITNESS) SIGNATURE AND ADDRESS OF WITNESS)

NOTE: Failure to answer all questions in full will slow down the processing time of this application. Thank you for your cooperation.  
03/25/97